

**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/800415
	Filing Date	3/12/2004
	First Named Inventor	David L. Orr
	Art Unit	3634
	Examiner Name	QUINN, COLLEEN M
Total Number of Pages in This Submission	Attorney Docket Number	DAV-101/CIP

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other ( <i>Specified below</i> )
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: RCE _____ _____ _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Ron Jacobs		
DATE	2/21/07	REGISTRATION NUMBER	50,142

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	2/21/07

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



<b>FEE TRANSMITTAL for FY 2005</b>		Application Number	10/800415
		Filing Date	3/12/2004
		First Named Inventor	David L. Orr
		Art Unit	3634
<input checked="" type="checkbox"/> Applicant claims small entity status. See CFR 1.27.		Examiner Name	QUINN, COLLEEN M
TOTAL AMOUNT OF PAYMENT	\$905	Attorney Docket Number	DAV-101/CIP

<b>METHOD OF PAYMENT (Check all that apply)</b>							
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees.							
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.							
<b>FEE CALCULATION</b>							
<b>1. Basic Filing, Search and Examination Fees</b>							
	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
Application Type:	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	300	150	500	250	200	100	\$0
Design	200	100	100	50	130	65	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. Excess Claims Fees</b>							
2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity)							
2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity)							
2.3 Multiple dependent claims \$360 (\$180 small entity)							
Total Claims	Threshold		Extra Claims	Fee (\$)			
6	- 20	=	0	X \$50 (\$25)	\$0		
Indep. Claims	Threshold		Extra Claims	Fee (\$)			
1	- 3	=	0	X \$200 (\$100)	\$0		
Multiple Dep. Claims				Fee (\$)			
<input type="checkbox"/>				\$360 (\$180)			
<b>3. Application Size Fee</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		Fee (\$)				
- 100 =	/50 =		X \$250 (\$125)	\$0			
<b>4. Other Fee(s)</b>							
Non-English specification (\$130 fee, no small entity discount)							
Other: RCE Fee (\$395.00) + 3 Month Extension (\$510.00)							\$905.00

SIGNATURE <u>Ron Jacobs</u>	
PRINTED NAME Ron Jacobs	TELEPHONE 650-424-0100
DATE 2/21/07	REGISTRATION NUMBER 50,142